HAI-AC: Central Line Insertion Practices (CLIP)

- Option 1: fill out all asterisked data points on CLIP form
  - In ICUs x 6 months
- OR Option 2: fill out 6 areas AND do outcome module for one ICU unit

AND

- Documentation of daily assessment of line necessity by a clinician.

Details of Option 2

Demographics plus:

- Occupation of inserter
- Hand hygiene performed prior
- Used sterile barrier precautions?
- Type of skin prep
- Location of insertion site
- Type of CL inserted

Advantages:

- CA data contributed to national database
- Not that much more work

Disadvantages:

- CA data not part of national database
- Must do additional outcome reporting

AFL 08-10 Frequently Asked Questions (FAQs)

- With the requirement for daily assessment of line necessity, who must perform the assessment? Can it be an RN?
  - The line must be assessed by a licensed practitioner for whom ordering a line or discontinuation of a line is in their scope of practice. An RN can do so only if licensed for advanced practice.
- Does assessment of necessity need to be documented for each line in an individual patient?
  - As multiple lines are counted as one line day, multiple lines can be covered under one assessment note.
  - It is not required to document compliance in the medical record. You must be able to show a surveyor documentation of assessment for a particular date if requested.
  - There is no requirement to collate compliance data.

AFL 08-10 FAQ – Slide 2

- Who must document that the assessment was completed?
  - Your hospital policy may direct this process. It is not required to be the physician. See next slide for example of issues your policy/procedure might cover.
  - "MD or LIP assessed central line and determined line is still necessary"
- What happens if a patient has their central line inserted in Radiology – do we have to fill out the CLIP form?
  - The current CLIP monitoring requirement is for all central lines inserted in ICUs (including PICUs and NICUs) between July 08 and Dec 08. Monitoring of other areas where lines are inserted is your option.
  - At this point, monitoring for line necessity is required for patients w/ lines who are in ICUs only.

Example of Chart Sticker

Physician Daily Assessment of Central Line Necessity
(must be completed daily for all patients with central lines in Adult Critical Care, NICU, and PICU)

Need for line(s) assessed by: _____

Date: _____

Issues Suggested for Inclusion in Assessment Procedure

- Issues
  - assessment done by physician during rounds, during multidisciplinary rounds, ...
  - where/how assessment should be documented
  - who can sign off that assessment has been done
  - what should be included in sign-off
- There is no intent for CDPH to be more proscriptive of this process beyond that it must be done in tandem w/ CLIP reporting.
- There is no requirement that compliance data for daily assessment of central line necessity be compiled or reported by a facility.
- L&C may ask to look at your facility's procedure and/or evidence of implementation.

AFL 08-10 FAQs – Slide 3

- Do instructions in Attachment #3 supersede what is written in the actual AFL?
  - No – NHSN module instructions DO NOT supersede AFL directions
- What do we need to do about our monthly "plan"?
  - Option 1: sign up to report CLIP module in all ICUs
  - Option 2: sign up to report BSIs in one ICU; report 6 data points in CLIP module for all central lines inserted in all ICUs; this is outside your plan
- Mask/eyeshield is to be interpreted as mask OR mask and eye shield; there is no requirement for the inserter to wear goggles

AFL 08-10 – Miscellaneous

- There is an asterisk on some versions of the NHSN draft CLIP form. This is an error and should be corrected in the final version. There is no requirement to report patient names.
- Please use MRN as primary ID, not secondary as stated in the AFL